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ABSTRACT

Objectives in five preschool program areas are listed in a format suitable for self-evaluation of program activities. With these resource materials, center staff and involved parents can document and assess their program with regard to (1) the quality of adult attention to children, (2) staff relationships, (3) parent participation, (4) staff training, and (5) allied health and social services. Introductory material outlines an approach to evaluation consisting of three phases. The first phase involves self-evaluation by a center committee, the second involves observation and assessment by an external observer, and the third focuses on follow-up assessment and planning for improvement. As an aid to evaluators, a list is provided of program characteristics indicating that objectives are being met. In addition to listing objectives for program assessment, evaluation forms provide space to record evidence documenting the realization of objectives as well as to indicate comments and recommendations. (RH)

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A SELF-STUDY PROCESS FOR PRESCHOOL PROGRAMS

INTERDEPARTMENTAL CAPACITY-BUILDING PROJECT

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The materials in this package grew out of a pilot study to develop a self-assessment system of evaluation for preschool centers in New Jersey. They are available on request from the Office of Early Childhood Education, Division of School Programs, New Jersey Department of Education.

Many early childhood educators assisted in the pilot study from which these materials derived. Child center participants included staff from thirteen child centers in Middlesex and Monmouth counties. Representatives from these and other centers in both counties, as well as early childhood professionals from local colleges, child care coordinating groups, and professional organizations took part in several awareness and planning sessions in the early stages of the pilot. Numerous ideas from these sessions were incorporated into the self-study materials and procedures. Several of the early childhood professionals who were active during this period of development later served as external observers.

The objectives listed on the following pages are divided into six components: "Educational Program," "Ratios," "Staff Relations," "Parent Participation," "Training," and "Allied Services." These components are considered to be significant areas for planning and evaluation in child centers of high quality.[1]

These materials are intended for use by child center staff and involved parents to determine program priorities and evaluate the level of fulfillment of objectives. Participants in the pilot study of the system found that the self-study process helped to clarify their goals, to define areas of strength, and to identify areas in which they had potential for growth. By virtue of a step by step involvement, staff of participating centers became committed to both the assessment process and to the resulting program changes.

In the approach outlined here, the primary responsibility for evaluation and documentation rests with the center committee. However, from its inception, the self-study process was envisioned as a three-party approach to assessment: a child center committee, a technical assistant to guide and audit the work of the committee, and an external observer to focus on classroom observation and provide an objective viewpoint.

These guidelines incorporate suggestions and recommendations from center staff and external observers who took part in the pilot study.

The self-study process consists of the following three phases:

- self-study by the center committee
- observation and assessment by an external observer
- follow-up assessment and planning for improvement

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[1] "Title XX Assessment Guide," Division of Youth and Family Services, Department of Human Services, Trenton, New Jersey, 1974.

Phase 1 - Self-Study by the Center Committee

1. Before beginning the self-study process, develop a written statement of your center's child development and educational philosophy. This not only helps to clarify your goals regarding the educational program, services to families, and responsibilities of parents, but also defines the center's role in coordinating community resources for children and their families. Parent participation in the development of this statement is important.

2. The next step is the formation of a self-study committee, composed of staff members, parents and community representatives. Staff members can include both teaching and administrative personnel. If the center has a policy-making board, board members can represent community interests. Volunteers or members of a local early childhood coordinating group can also serve in this capacity. Representation from each group should be roughly equal, and the committee may be as large a group as can work smoothly together. Select alternate committee members in case a member becomes inactive.

3. Once you have formed a committee, meet to review the materials and make sure that each committee member understands what is involved. You must make the following decisions at this point:

   - Do you want to enter the assessment process as a group?
   - What are your reasons?
   - Is this a good time?
   - Which components will be helpful in your program?

   The self-study process can be applied flexibly. Each of the six components is divided into Level 1 and Level 2 objectives. Level 1 objectives are considered essential elements of a quality early childhood program; Level 2 objectives are exemplary, or recommended. Your center must decide which of the Level 2 objectives you will address. Objectives which do not appear in the materials and which you feel are unique to your center may be added under "Other" in Level 2.

4. At this point, if your committee has decided to engage in self-study, all staff and parents should be informed of this activity.

5. To start, organize your committee according to component or task. For example, some members might observe in the classroom to check for compliance with objectives of the Educational Program, Ratios, or Staff Relations components. Other members might compile documentation for the "Allied Services" and "Parent Participation" objectives. It is helpful for two committee members to work together so that they can compare notes.

6. As you check each Level 1 item, note the evidence used to verify compliance. Write down any comments or suggestions to be considered in planning for change and improvement at the conclusion of the process.

7. The ideal time for completing the self-study process is a full school year. This will vary if you elect to concentrate on only one or two components. The length of time needed depends on the resources of your committee, the depth and detail of assessment, and available planning time for program improvement.

8. During the first half of the assessment year, your committee will observe in the classroom, talk with other staff and parents, and compile a portfolio. (See attached list for suggested documentation to include.) The portfolio can also contain narrative reports from classroom observation.

   Write comments and recommendations for change in the spaces provided in the self-study materials. List those areas in which your center is in compliance but which are difficult to document. Discuss other ways of showing compliance. Decide also which objectives your center does not now meet but which you consider of great priority for future efforts.

Phase 2 - Observation and Assessment by an External Observer

The self-study process has been developed around the concept of three separate perspectives: those of the committee, of facilitator or technical assistant and of an external observer.

1. The observer's role is to provide an objective professional assessment of the center's compliance with objectives the committee has chosen to address. An external observer should have a background in early childhood education, preferably with experience in program evaluation. To insure objectivity, the observer should ideally be someone who is not involved with the center. S/he can be a member of an early childhood department of the local college or coordinating group who is willing to volunteer time or accept the task at a nominal fee. Center directors who are not familiar with each other's programs can also reciprocate as observers.

2. The beginning of the self-study process is a good time to identify an observer, with whom you may want to confer early.

   When you have completed the portfolio (about midway through the process), ask the external observer to visit the center. Two visits are recommended, for example on two half-days. If the observer has time, the first visit can be solely observation. This will be an opportunity for the observer to become familiar with the center organization and to ask questions.

   The observer will need some background information in order to understand the operations of the center. Either the center committee or the director can provide the observer with a briefing on such matters as hours of operation, ages of children enrolled, type of population served, kind and degree of parental involvement, program goals, funding sources, etc. A face-to-face meeting is preferable, but the information can be offered in a telephone conversation if necessary.

3. Next, the observer will observe in the classroom, check the portfolio prepared by the center committee, and talk with staff and parents. S/he will focus primarily on those objectives which require observation, i.e. in Educational Program, Ratios and Staff Relations components, and determine if the written documentation in the portfolio adequately shows compliance with chosen objectives. It will be useful to make note of comments and suggestions directly on the self-study materials.

4. At the end of the visit, the external observer will meet with the center director (and other committee members when possible) to discuss observations and exchange notes on center compliance. Although it is difficult to assess adequately some objectives in just one or two visits (for example, the consistency of adult-child interactions), the observer's impressions will form a valuable part of the self-study process.

Phase 3 - Follow-Up Assessment and Planning for Improvement

1. Following this meeting, the observer will prepare a narrative summary of comments, findings and recommendations and send a copy to the committee.

2. Your committee should then meet to review all findings of the self-study process. Based on recommendations from committee members and the external observer, the committee can now decide what it must address first and how best to strengthen the program.

3. The center director, working with staff and parents, can then begin to implement these recommendations.

A number of interesting and beneficial center activities may develop from participation in the self-study process. It can serve purposes beyond assessment of a center's status in regard to its objectives.

Select one area at time to work on, e.g., classroom space, parent newsletter, dental screening. Ideas for implementation can be presented at staff meetings or inservice sessions, and solutions discussed by the group.

Continued parental involvement at this stage is strongly recommended. The materials which have been compiled in the portfolio can form the basis for parent education activities.

The completed self-study materials and portfolio can serve as an organizational framework for both staff and parents. A child center is a busy place, and such a structure can be especially helpful to plan ahead for a given time period.

The self-study process will be most fruitful if all those who have been involved can then work together to meet the needs which they have helped to identify.

Suggested Evidence for Self-Study
Evaluation "Criterion Measures"

A. Classroom observation notes and narratives

B. Written Schedules

1. center calendar and daily schedule
2. classroom daily schedule
3. sign up sheet for shared activity areas
4. staff schedules
5. special activities schedule (e.g., cooking activities)
6. schedules for pre and in-service training
7. schedules for parent activities
8. transportation schedules

C. Written Plans

1. lesson plans
2. menus
3. floor plans for center and classroom
4. plans for parent participation
5. plans for in-service training

D. Writen Evaluations

1. staff evaluations
2. evaluation of parent involvement program
3. evaluation of volunteers and volunteer program
4. evaluation of in-service program

E. Written Records

1. summaries of parent conferences
2. children's progress reports
3. health and family history records; records of emergency incidents
4. anecdotal log
5. attendance records
6. licensing documents
7. records of community resources and contact people
8. results of center health screening
9. emergency cards-information on individual children
10. class lists
11. inventory of equipment and materials
12. membership of advisory group

F. Statements of Center Policy

1. parent handbook
2. staff and volunteer guidelines
3. job descriptions
4. personnel policies
5. organizational chart
6. emergency procedures

G. Publications and Notices

1. newsletter
2. parent communications (re: field trips, health services)
3. agendas and programs of meetings
4. newspaper articles and photographs
5. letters from parents

Self-Study Evaluation for Child Centers

Interdepartmental Capacity-Building Project
Early Childhood

☐ Center Committee

☐ External Observer

Ratios: The Quality of Adult Attention to Children

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
I. ADULTS ARE CONTINUALLY ALERT AND USE THEIR BEST JUDGEMENT IN ALL SITUATIONS CONCERNING THE SAFETY OF CHILDREN. Level 1 A. Equipment and materials are appropriate to age and ability of children. B. Adults develop and enforce consistent limits (e.g. relating to the use of equipment, running indoors, number of children occupying a specific area). C. There is adequate supervision for special activities involving tools, electrical appliances, etc. Level 2 A. Other.		

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Interdepartmental Capacity-Building Project
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Ratios: The Quality of Adult Attention to Children-2

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
II. GROUP SIZE VARIES APPROPRIATELY. Level 1 A. Small group instruction and interaction takes place daily. B. Learning experiences are planned which permit 1-1 peer and adult-child interaction. C. Grouping criteria(age, interest, skill) are consistent with program objectives and objectives of child development. D. Ratios are appropriate to developmental levels. E. Ratios are based on attendance records and actual contact hours F. Supplemental staff (student teachers, parents, volunteers, nurse, cook) is utilized to reduce group size, but not counted in consistent ratios.		

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Interdepartmental Capacity-Building Project
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Ratios: The Quality of Adult Attention to Children-3

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
G. Teachers are assigned to activity areas according to their ability and the need for adult attention.		
Level 2		
A. Other.		
III. THERE IS CAREGIVER CONTINUITY THROUGHOUT THE DAY AND FROM DAY TO DAY.		
Level 1		
A. The same teachers and aides work consistently with a group of children.		
B. Children identify with their group and caregiver.		
C. The same adults are available to greet the children at the start of the day, except in cases of emergency.		
Level 2		
A. Other.		

Self-Study Evaluation for Child Centers

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Ratios: The Quality of Adult Attention to Children-4

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
IV. ADULTS ARE RESPONSIVE TO INDIVIDUAL CHILDREN"S NEEDS.		
Level 1		
A. Each child's growth is noted and followed-up both in small group and one to one situations.		
B. Children's experiences are integrated into the program.		
C. Adults listen and respond to children.		
D. Adults encourage children to persist at activities with increasing attention and productivity.		
Level 2		
A. Other		
V. ADULTS GIVE EMOTIONAL SUPPORT TO CHILDREN.		
Level 1		

Self-Study Evaluation for Child Centers

Interdepartmental Capacity-Building Project
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Ratios: The Quality of Adult Attention to Children-5

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
A. Adults welcome and accept each child.		
B. Adults encourage and praise the efforts of each child.		
C. Adults help children to have consideration for others.		
D. Adults do not discuss a child within hearing distance of children.		
E. Adults treat children fairly; they do not ridicule a child or handle conflicts in a biased way.		
F. Adults verbalize to children the special needs of individuals to develop sensitivity and group support.		
G. Adults use physical contact to enhance emotional support.		

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Ratios: The Quality of Adult Attention to Children-6

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
Level 2		
A. Other.		
VI. ADULTS GUIDE CHILDREN IN COOPERATION AND ACCEPTANCE OF LIMITS.		
Level 1		
A. Staff members are consistent in behavior expectations. Rules are clear and discipline is positive.		
B. Discipline is appropriate to the child's age and developmental level.		
C. The environment is child-centered, and contributes to the development of inner discipline.		
Level 2		
A. Other		

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Ratios: The Quality of Adult Attention to Children- 7

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
VII. THE PROGRAM PROVIDES SPACE AND TIME FOR INDIVIDUAL ACTIVITIES. Level 1 A. Time is available in the daily schedule for a child to be alone. B. Space is provided for a child to be alone. C. A child's moods and preferences are accepted "within reason". (e.g., does not always have to participate in group activity). D. Children have a place for their own possessions. E. Rules are enforced regarding not interfering with another child's work or possessions. F. The teacher helps a child when needed, but d esn't interfere with independent activity or the need to be alone.		

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Ratios: The Quality of Adult Attention to Children-8

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
G. The program provides children with decision-making opportunities		
Level 2		
A. Other		
VIII. THERE IS A VARIETY AND COMPLEXITY OF VERBAL INTERACTION BETWEEN ADULTS AND CHILDREN.		
Level 1		
A. Adults communicate with children and answer their questions without talking down to them.		
B. Some adults in a bi-lingual program are able to communicate with children in their native language.		
C. Children freely ask questions and express their own ideas.		
Level 2		
A. Other.		

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Ratios: The Quality of Adult Attention to Children- 9

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
IX. ADULT RESPONSIBILITIES ARE FLEXIBLE FOR MAXIMUM QUALITY OF INTERACTION WITH CHILDREN. Level 1 A. Adults offer each other support in a teaming approach to teaching. B. Responsibilities are rotated. C. Adults respect each others decisions concerning discipline and planning. They discuss differences of opinion outside the classroom. D. Adults work cooperatively with each other, providing a positive image for children in group acitivity. E. Parents and volunteers are utilized where the need is greatest, taking i to consideration their abilities and interest.		

Self-Study Evaluation for Child Centers

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Ratios: The Quality of Adult Attention to Children- 10

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
F. Staff allows planning time to assure agreement of responsibilities. Level 2 A. Other.		

Self-Study Evaluation for Child Centers

Interdepartmental Capacity-Building Project
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Training

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
I. STAFF RECEIVE PRE-SERVICE TRAINING AND ON-SITE ORIENTATION TO JOB DUTIES		
Level 1		
A. The administrator or supervisor provides orientation for all staff involved in the child care program.		
B. Pre-service training is planned to meet individual employee needs.		
Level 2		
A. Administrators and staff discuss training needs and plan for implementation.		
B. Existing staff is involved in orientation of new employees.		
C. Other:		
II. EMPLOYEES RECEIVE ONGOING IN-SERVICE TRAINING		
Level 1		
A. The administrator or supervisor provides continuous in-service training and super-		

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Cont. Training-2

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
vision of all staff, appropriate to individual needs.		
B. Supplemental staff (health, social, and food service personnel) receive training.		
C. Periodically, staff is trained as a group.		
D. Skill needs are addressed in regular staff meetings when appropriate.		
E. Workshops relevant to center staff needs are planned and conducted.		
Level 2		
A. Staff is notified of community staff development resources.		
B. Staff is given time to visit other centers.		
C. Staff is encouraged to attend workshops and conferences outside of center.		
D. Staff is encouraged to join professional organizations.		
E. Other.		

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Cont. Training 3

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
III. NEEDS ASSESSMENT AND COORDINATION OF THE TRAINING PROGRAM ARE ONGOING		
Level 1		
A. The administrator or supervisor has responsibility for organizing and coordinating the training program.		
B. Staff participate in the assessment of the training program.		
C. The administrator or supervisor continually monitors the training program.		
D. Appropriate training techniques are chosen to meet individual and group needs as they arise		
Level 2		
A. Other.		
IV. TRAINING GOALS INCLUDE CAREER ADVANCEMENT		
Level 1		
A. Whenever possible, non-professional staff are given career progression opportunities which		

Self-Study Evaluation for Child Centers

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Cont. Training-4

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
include job upgrading and work related training and education.		
Level 2		
A. Career progression counseling is provided by the center.		
B. Staff is encouraged to enroll in college courses in Early Childhood or related fields.		
C. Other.		

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Staff Relations

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
I. INTERVIEWING AND HIRING PROCEDURES ARE WELL-PLANNED AND ORGANIZED.		
Level 1		
A. There is equal opportunity for all interested persons to file an application and have it considered.		
B. Interviewers understand what skills caregivers are expected to have.		
C. All personnel records are confidential, accessible only to those designated by the policy - making group.		
Level 2		
A. A parent advisory group helps to develop guidelines for staff selection.		
B. Staff has input into the hiring process.		
C. Parents have input into the hiring process.		
D. Staff selections must be approved by the parent advisory group.		
E. Other.		

Self-Study Evaluation for Child Centers

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Cont. Staff Relations-2

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
II. THE CENTER HAS WRITTEN PERSONNEL POLICIES WHICH ARE GIVEN TO EACH STAFF MEMBER. Level 1 A. These policies describe job qualifications and responsibilities, evaluation procedures, and procedures for objective review of grievances and compliants. B. The center has a sound employee benefit plan.		
III. STAFF RESPONSIBILITIES ARE CLEARLY DEFINED AND SHARED. Level 1 A. Job descriptions stating staff responsibilities are given to all employees. B. Staff responsibilities are flexible for maximum quality of care and cooperation. C. Responsibilities are clearly assigned. D. Caregivers work together as a team.		

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Cont. Staff Relations-3

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
E. Substitutes cover the responsibilities of absent teachers.		
Level 2		
A. Educational staff rotate responsibilities regularly, e.g.:		
1. Mealtime and snack 2. Preparation of materials 3. Toileting 4. Playground supervision		
B. Staff skills and hobbies are included in program planning.		
C. Other.		
IV. STAFF MEMBERS WORK PRODUCTIVELY TOGETHER.		
Level 1		
A. Each caregiver has input into daily, weekly, and long-range plans.		
B. Staff meetings are held frequently.		

Self-Study Evaluation for Child Centers

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Cont. Staff Relations-4

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
C. The Center Director meets on a regular basis with the Head Teacher.		
D. There is space and time for staff to relax and interact with each other.		
Level 2		
A. There are opportunities for staff to suggest changes and implement the program.		
B. Regular staff meetings are held.		
C. Records of staff decisions are kept and distributed to staff.		
D. Other.		
V. THERE IS A PROCEDURE FOR STAFF ASSESSMENT AND DEVELOPMENT.		
Level 1		
A. A staff supervisor observes and evaluates staff.		

Self-Study Evaluation for Child Centers

Interdepartmental Capacity-Building Project
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Cont. Staff Relations-5

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
B. Employee evaluations are based on performance of skills included in the job description.		
C. Written records are kept of staff observations and evaluations.		
D. Staff supervisor reviews evaluations with each staff member and involves them in follow-up activities.		
E. All staff evaluations are confidential, accessible only to those designated by the policy - making group.		

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Allied Services-Health and Social Services

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
I. THE CENTER PROVIDES REFERRAL INFORMATION TO APPROPRIATE COMMUNITY SERVICES. Level 1 A. The center uses a network of professional health consultants (e.g., medical, mental health, dental, speech and hearing vision etc.). B. The center identifies and assists families with problems (e.g., family disruptions). C. The center maintains a resource directory of health and social service consultants. Level 2 A. Periodic health education workshops are held for staff and parents. B. Other.		

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Allied Services-Health and Social Services-2

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
II. THE CENTER ASSURES THAT ALL CHILDREN RECEIVE ADEQUATE HEALTH CARE AND SERVICES. Level 1 A. The center assures that all children are screened in the following areas upon entering day care and subsequently, at intervals appropriate to their ages and state of health: 1) Physical examination 2) Hearing 3) Vision 4) Tuberculin 5) Lead Poisioning 6) Dental Level 2 A. Other. III. THERE IS A SYSTEM FOR IDENTIFYING AND REFERRING CHILDREN WITH SPECIAL NEEDS.		

Self-Study Evaluation for Child Centers

Interdepartmental Capacity-Building Project
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Allied Services-Health and Social Services-3

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
Level 1		
A. Priority is given to conditions that require immediate treatment and that threaten normal development.		
B. Teachers observe for and refer children with special needs.		
Level 2		
A. Consultants assist in the identification and referral of children with special needs.		
B. The centers make use of appropriate assessment tools for individuals with special needs.		
C. Other.		
IV. THE CENTER PROVIDES FOR THE NUTRITIONAL NEEDS AND NUTRITION EDUCATION OF CHILDREN AND STAFF.		
Level 1		

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Allied Services-Health and Social Services-4

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
A. Menus and nutrition activities are posted and/or sent to parents on a regular basis.		
B. Meal planning is a joint effort among cook and staff supervisor.		
C. Staff awarness of major community nutrition needs is reflected in meal planning.		
D. The nutrition education program includes food exploration and preparation.		
E. All staff receive education in principles of nutrition.		
F. Parents are kept informed of their children's nutritional status (e.g., eating habits, likes and dislikes).		
Level 2		
A. A variety of foods are served to Broaden children's experiences, and to consider cultural and ethnic preference.		

Self-Study Evaluation for Child Centers

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Allied Services-Health and Social Services-5

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
B. Menus and nutrition activities are posted and/or sent to parents weekly.		
C. The nutrition education program is appropriate to 1) cultural, 2) ethnic, 3) educational, and 4) economic background of families.		
D. Other.		
V. THE CENTER MAINTAINS APPROPRIATE AND ADEQUATE HEALTH AND NUTRITION RECORDS.		
Level 1		
A. Emergency incidence records are maintained on each child.		
B. Confidentiality of health and family history records is maintained as stated in the Pupil Personnel Service Privacy Act.		
C. Pertinent health information is shared among staff through reports and conferences, respecting the privacy of families at all times.		

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Allied Services-Health and Social Services-6

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
Level 1		
A. Other.		

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Parent Participation

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
I. THE CENTER PROVIDES OPPORTUNTIES FOR PARENTS TO BECOME FAMILIAR WITH THE PROGRAM. Level 1 A. Parents are informed of waiting list procedures. B. Parents receive an orientation to center program and goals. C. Meetings are held for parents and staff to get acquainted and exchange information. D. A parent handbook is provided to clarify program policy and procedures. E. New parents are informed of and welcomed to join existing parent groups. F. There is a staff person to direct and support parent activities. Level 2 A. The center provides information on the following topics:		

Self-Study Evaluation for Child Centers

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Early Childhood

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Cont. Parent Participation-2

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
1. Child development and behavior		
2. Educational activities and material for home use		
3. Consumer and legal services		
4. Homemaking skills		
5. Opportunities for continuing education		
B. Health, Social Service, and Food Service personnel participate in planning and implementing the parent program.		
C. Other.		
II. PARENTS ARE INVOLVED IN THE POLICY AND DECISION MAKING PROCESS.		
Level 1		
A. There is a parent advisory group, which is responsive to the needs of families in the program.		

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Cont. Parent Participation-3

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
Level 2 A. Officers of the parent advisory group carry out the responsibility for coordinating parent activities. B. Other. III. PARENTS PARTICIPATE IN PROGRAM OPERATION Level 1 A. Parents observe in the classroom. B. Parents help plan and participate in field trips. C. Parents help plan and carry out special activities (e.g. fund raising, holiday parties). Level 2 A. Parents help to develop program activities. B. Parents are involved in the classroom as volunteers.		

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Cont. Parent Participation-4

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
C. Parents' skills and hobbies are integrated into the program.		
D. Parents serve as outreach workers to contact other families in the community.		
E. Other.		
IV. PARENTS AND STAFF EXCHANGE INFORMATION REGARDING THE CHILDREN.		
Level 1		
A. Each parent has an initial interview with staff members at the time of enrollment.		
B. There is a place for parents and staff to have private conversation.		
C. There are periodic parent - staff conferences to discuss children.		
D. Staff has developed an uses a means of notifying parents of a significant occurance or important information about their child.		

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Cont. Parent Participation-5

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
E. There is a system for telephone contact and written notes when circumstances don't permit daily contact.		
F. Other.		
Level 2		
A. There is a regular newsletter to share center concerns with parents.		
B. Other.		
V. RECORDS ARE KEPT OF PARENT ACTIVITIES.		
Level 1		
A. Announcements of and attendance at parent meetings are kept and available to parents.		
B. Records of all decisions made at parent meetings are kept and made available to parents.		

Self-Study Evaluation for Child Centers

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Cont. Parent Participation-6

OBJECTIVE	EVIDENCE	COMMENTS AND RECOMMENDATIONS
Level 2 A. A listing is kept of parent resources, guest speakers, etc. B. Other.		